

INTERFACILITY TRANSPORT TASK FORCE

MEETING

FEBRUARY 20, 2007 LITTLETON, NH

Members present:

Jeanne Erickson, Speare Memorial Hospital; Clay Odell, NHBEMS, Ed Lavery, UCVH, Jean McGovern, Littleton Regional Hospital, Scott Lancaster, Gorham EMS, Jonathan Dubey, Berlin EMS, Kurt Lucas, Littleton Regional Hospital, Stacy Smith, DHHS, Rural Hospital Flexibility Program, John Sanders, The Memorial Hospital

- Stacy Smith discussed the Flex Grant program. She said that the program has been delayed due to the requirement to create a competitive grant process. She assumes that the program will be level-funded. She reports that she met with the Rural Health Coalition; they are still committed to EMS. They are continuing to look at mini-grants and such projects as paramedic mentoring and helping to support the trauma conference, North Country EMS Conference and IFT Summit.
- The group discussed the generic decision tree that was brought forward as a recommendation by the IFT Task Force last year. The consensus was that most hospitals are not using it. One objection that was voiced was “the doctors decide what’s needed – not a piece of paper”. The group needs to consider how to counter arguments against using a decision tree. The hospital community has to realize that they bear responsibility for helping to implement solutions to the problems of IFT that they brought forward. If the decision tree is a valid tool that improves the access of EMS and IFT resources then it should be used across the board, and not defer to individual whims.

It was suggested that the Bureau of EMS draft a letter to the hospital administrators supporting the concept of a decision tree, emphasizing that the tool is a generic one that can and should be customized to each hospital. Clay will follow through on that suggestion.

- The group again revisited the idea of crew resource sharing. At the December meeting a smaller group was invited to work on this issue as a subcommittee. The consensus of this group was that this was not doable due to problems with insurance. Of additional concern, the consensus of the entire group was that the trend appears to be growing for insurance carriers to question the practice of an emergency provider from outside the EMS organization driving or even riding in the back of an ambulance or intercept truck enroute to the hospital. The group identified this as a major impediment to not only crew sharing but also mutual aid and even routine cooperation between local 911 agencies.

Clay will bring the group’s concern to the Bureau of EMS, and report back to the Task Force.

- Clay said that he received data sheets from all the hospitals in January. Many of them did not have the time of contact with the ambulance service noted. Since this piece of information was very important in the discussions, Clay emailed all the hospital contacts asking them to improve the collection of this data. Based on that information the group decided to extend the collection of the data until April 30th.
- There was a discussion about critical care paramedic training. Following the last meeting David Tauber asked UMBC if we could conduct a CCEMTP program under his coordination, bypassing Southern Maine Community College, which has been unresponsive to all requests. David reported that he was told by UMBC that Southern Maine had an exclusive franchise to conduct the program in this region, so that option was not possible.

The group consensus was to pursue critical care education that was intended to prepare the participant to take the Certified Flight Paramedic exam that is conducted by the National Flight Paramedics Association. Clay will work on developing this concept to present to the Bureau of EMS for consideration.

- Clay introduced NH Senate Bill 169 which is a bill to initiate a Line of Duty Death benefit from the state. The amount of the death benefit is \$100,000. The bill as written includes police and fire personnel, but not EMS. An effort is being made to amend the bill to add EMTs and paramedics. All task force members are requested to keep an eye on this legislation and make their opinions known to their legislators.
- In other business an item came up for discussion regarding a practice that was previously used under Local Option, but with the advent of the statewide protocols was not valid. The local option allowed EMT-Basics to transport an interfacility transfer patient who had an IV running at 150 ml/hour or less. There was quite a bit of discussion about why the facility faced with such a scenario wouldn't just put in a saline lock instead of requiring a higher level of care to transport the patient. There was no resolution of the issue by this committee. The issue will likely be brought to the Medical Control Board for consideration.

The next meeting of the Interfacility Transport Task Force will be Tuesday April 24, 2007, from 9:30am to 11:30am at Littleton Regional Hospital. The IFT Task Force thanks Littleton Regional Hospital once again for their generous donation of meeting space and food to support this effort.